Elective Surgery Information System (ESIS) User Manual

13th Edition 2010–11

Section 3A Data Definitions

Download from the Department of Health web site at:
http://www.health.vic.gov.au/hdss/

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ESIS Manual Sections

The Elective Surgery Information System (ESIS) Manual sections are:

Click Section Number

Please follow the arrow and click the manual section number you require.

Glossary	**Lists the terms and abbreviations used in the ESIS manual.**
Section 1	**ESIS Manual Introduction** **Provides information on the development and purpose of the ESIS data collection, scope and coverage, contact details and a list of relevant abbreviations.**
Section 2	**Concept and Derived Item Definitions** **Provides definitions of concepts that are the foundation of the ESIS collection and information that the department derives from the data submitted.**
Section 3a	**Data Definitions** **Details the specifications of data items relating to individual waiting episodes for reporting to ESIS.**
Section 3b	**Details the technical or database elements required for submission of ESIS data.**
Section 4	**Business Rules** **Draws together a number of concepts and data items as well as describing the technical functions of the ESIS processing.**
Section 5	**Compilation and Submission** **Specifies the required format of ESIS records submitted to AED. It includes details such as file naming conventions, file structures, reporting requirements, data security, test submission and system migration.**
Section 7	**Editing** **Each ESIS edit message is listed in this section in numerical order. The entry for each edit message describes the problem and the remedy.**
Section 8	**Supplementary Code Lists** **http://www.health.vic.gov.au/hdss/reffiles/index.htm**

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SECTION 3A: Data Definitions

Section 3a details the related ESIS collection data elements in the data collection.

Note: Section 3b sets out the technical or database items required for the submission of ESIS data.

Sites and software vendors should be aware that this manual describes how data should be submitted to the Department of Health and not how they are stored in a site's system. Sites should map from their stored values to the specified ESIS values.

Data Definition Structure

Specification

Definition	A statement that expresses the essential nature of a data item.	
Label	The first row of a field in a text extract. Labels represent field names.	
Field Size	The maximum number of characters accommodated by this field.	
Valid Values	The title of the Code set valid for this data item when these are not specifically listed in Section 3 of this Manual. Code sets not listed in Section 3 of this Manual are available from: http://health.vic.gov.au/hdss/reffiles/index.htm	
Layout	X	Alpha or Numeric character in range A-Z, a-z, 0-9
	DD	Numeric characters representing day of the month. Leading zero filled. Range 01-31.
	MM	Numeric characters representing month. Leading zero filled. Range 01-12.
	YYYY	Numeric characters representing year.
	A	Alpha character in range A-Z, a-z
	N	Numeric character in range 0-9
Reported in	The specific text extract in which this data item is submitted to ESIS.	
Reported for	The specified circumstances when this data item must be reported.	
Reported when	The stage in the episode/data submission cycle when this data item is to be reported to ESIS.	
Code set	The valid values for the data item (current financial year only).	
Reporting guide	Additional comments or advice on reporting the item.	
Edits	A list of edits (edit numbers and titles) that relate to this data item	
Related items	A reference to related data items within this collection	

Administration

Purpose	The main reason/s for the collection of this data item.
Principal data users	Identifies the key/primary users of this information.
Collection start	The date the collection of this data item commenced.
Version	A version number for each data item, beginning with 1 for the initial version of the data item and incremented by one, for each subsequent revision. A new version number is allocated to a data item when changes have been made to one or more of the following attributes: Name, Definition or Code set.
Definition source	Identifies the authority that defined this data item and the unique identifier for the data item if applicable.
Code set source	Identifies the authority that developed the code set for this data item.

Data Items

Administrative Registration Date

Specification

Definition	The date that the waiting list episode is first entered on the reporting health service waiting list system.
Label	Administrative_Registration_Date
Field Size	8
Layout	DDMMYYYY
Reported in	Episode extract
Reported for	All waiting list episodes registered on or after 1 July 2005.
Reported when	The Waiting List episode is first reported.
Reporting guide	The Administrative Registration Date will be on or after the date of the Clinical Registration Date. It should be an automatic date stamp of the date of data entry. Because this date should reflect the system's processing date it cannot be updated once reported. An episode may commence and conclude before staff has had a chance to enter it into the system. The Administrative Registration Date will be the date on which the data entry was actually performed.
Edits	**S315** Clinical Urgency Cat 1, Wait More Than 30 days **S422** Clinical Registration Date after Administrative Registration Date **S423** Administrative Registration Date has changed **S424** Administrative Registration Date Invalid
Related items	Section 2 Registration Date-Administrative Registration Date-Clinical Section 3a Clinical Registration Date

Administration

Purpose	To determine the duration between a doctors referral to the waiting list and the time that the patient's details are entered onto the health service waiting list. To enable close compliance with national reporting requirements.
Principal data users	Department of Health
Collection start	July 2005 **Version** 1 (Effective 1 July 2005)
Definition source	Department of Health Based on Listing Date for Care (METeOR Id 269957)

Clinical Registration Date

Specification

Definition	The date of the clinical assessment at which it was agreed that surgery was required, and the relevant referral paperwork completed by the clinician.
Label	Clinical_Registration_Date
Field Size	8
Layout	DDMMYYYY
Reported in	Episode extract
Reported for	All waiting list episodes.
Reported when	The episode is first registered on the waiting list.
Reporting guide	Where data entry of a patient's waiting episode takes place after the date on which the need for a procedure is identified, the Clinical Registration Date should be backdated. The Clinical Registration Date remains the date on which the need for a procedure to treat a clinical condition is identified, even where the 'Consent for Surgery' form has not been signed and the administrative registration process is delayed because of this. For further information regarding the registration process refer to the Elective Surgery Access Policy available from: http://health.vic.gov.au/elective surgery **Changes to Clinical Registration Date** The Clinical Registration Date may only be altered if a data entry error has occurred. **Clinical Registration After Admission** Sites that use their booking system to schedule procedures for patients who are currently admitted, and who will receive the awaited procedure in the same admission should ensure that these episodes are not reported to ESIS as they are not within the scope of this data collection. **Transferred waiting episode from another ESIS hospital** The Clinical Registration Date for a transferred waiting episode (as reported by the receiving hospital) is the 'agreed transfer date'. Refer to Section 4: Transfer of Ownership of Waiting episode for further information about transfers.
Edits	**S099** Clinical Registration Date before Date Of Birth **S135** Patient Already on Waiting List for same PPP **S169** Clinical Registration Date Invalid **S174** New Episode, Old Clinical Registration Date **S291** Removal Date Is Before Clinical Registration Date **S311** Wait Equals Five Years Or More **S315** Clinical Urgency Cat 1, Wait More Than 30 days

	S388	Clinical Registration Date Has Changed
	S397	Unmatched Transfer As Reported By Receiving Health Service
	S422	Clinical Registration Date After Administrative Registration Date
Related items	Section 2	Registration—Administrative Registration—Clinical Total Waiting Time
	Section 3a	Administrative Registration Date.

Administration

Purpose	Used for waiting time calculations. To determine the duration between a doctors referral to the waiting list and the time that the patient's details are entered onto the health service waiting list.			
Principal data users	Department of Health, AIHW and the Commonwealth Department of Health and Aged Care.			
Collection start	July 1997	**Version**	3	(Effective 1 July 2005)
Definition source	Department of Health			

Clinical Urgency

Specification

Definition

A clinical assessment of the urgency with which a patient requires elective hospital care.

Label

Event_Value

Field Size

N/A

Reported in

Intra Episode extract

Reported for

All waiting list episodes.

Reported when

The waiting list episode is first registered and each subsequent urgency categorisation.

Code set

Code	Descriptor
1	**URGENT** Admission within 30 days of clinical assessment desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency.
2	**SEMI-URGENT** Admission within 90 days of clinical assessment desirable for a condition causing some pain, dysfunction or disability but is not likely to deteriorate quickly or become an emergency.
3	**NON-URGENT** Admission at some time in the future acceptable for a condition causing minimal or no pain, dysfunction or disability, that is unlikely to deteriorate quickly, and does not have the potential to become an emergency.

Intra Episode Event

Event Type	Urgency
Event Date	Date that the clinician assigned or re-categorised the patients' Clinical Urgency.

Reporting guide

Urgency categorisation is based on factors such as the degree of pain, dysfunction and disability caused by the condition and its potential to deteriorate quickly into an emergency.

Clinical Urgency categorisation is a clinical decision that may only be made by the clinician responsible for the patient's treatment, whether it is that patient's specialist, the head of the unit (or his/her delegate) or an appropriate panel of surgeons.

A patient's Clinical Urgency may change if he or she undergoes clinical review during the waiting period. The need for clinical review varies with the patient's condition and is therefore at the discretion of the treating clinician.

There can be only one Urgency Event per episode per day.

For further information regarding the clinical urgency process refer to the Elective Surgery Access Policy available from:

http://health.vic.gov.au/elective surgery

Edits	**S315**	Clinical Urgency Cat 1, Wait More Than 30 Days
	S375	Clinical Urgency Category For ESAS Reason For Removal Invalid
	S383	Multiple Events Of Same Type For Same Episode On One Day
	S384	Invalid Event Date
	S385	Invalid Event Type
	S389	Invalid Intra Episode Event Value For Clinical Urgency Change
	S412	Episode Registered Without A Clinical Urgency
	S429	SAD Identifier/Event Type Mismatch
Related items	Section 2	Intra Episode Event Urgency Reassignment (Recategorisation).
	Section 3b	Event Date Event Type Event Value
	Section 4	Intra Episode Events Required for Registration.

Administration

Purpose	Allows hospitals to prioritise patients waiting for elective surgery based on their clinical urgency. Provides an indicator for monitoring patients who wait in excess of the maximum desirable time for their elective surgery.			
Principal data users	Department of Health, AIHW and the Commonwealth Department of Health and Aged Care.			
Collection start	July 1997	**Version**	1	(Effective 1 July 1997)
Definition source	NHDD (METeOR Id 270008)	**Code set source**		NHDD

Date of Admission

Specification

Definition	Date on which an admitted patient commences an episode of care during which the patient receives the awaited procedure.
Label	Date_Of_Admission
Field Size	8
Layout	DDMMYYYY
Reported in	Episode extract
Reported for	Episodes where the patient has received the awaited procedure. (Reason for Removal codes W, M, Y, B, I, U, S, X).
Reported when	The patient is admitted for, and has received, the awaited procedure for this waiting episode.
Reporting guide	Report the Date of Admission for all waiting episodes where the patient has received the awaited procedure. The Date Of Admission will be on or before the Removal Date. Do not report any scheduling that occurs after the Date Of Admission.
Edits	**S295** Date Of Admission Not Equal To Scheduled Admission Date **S399** Date Of Admission For Awaited Procedure But No Removal Date **S400** Date Of Admission For Awaited Procedure Invalid **S401** Date Of Admission/Reason For Removal Mismatch **S403** Date Of Admission For Awaited Procedure Is After Removal Date
Related items	Section 3a Reason For Removal, Removal Date.

Administration

Purpose	Calculation of key performance indicators under Performance Monitoring Framework.		
Principal data users	Performance Acute Programs and Rural Health, Department of Health.		
Collection start	July 2005	**Version**	1 (Effective 1 July 2005)
Definition source	July 2005	**Code set source**	N/A

Date of Birth

Specification

Definition	The date of birth of the person.
Label	Date_Of_Birth
Field Size	8
Layout	DDMMYYYY
Reported in	Patient extract
Reported for	All patient level records.
Reported when	The patient is first registered on the waiting list.
Reporting guide	The Date of Birth must be on or before the Clinical Registration Date. **Unknown Date Of Birth** If the patient's Date of Birth is unknown, the patient's approximate age should be used to estimate the year of birth. Sentinel dates should not be used.
Edits	**S096** Date Of Birth Invalid **S099** Clinical Registration Date Before Date Of Birth **S409** Age Greater Than 105 Years
Related items	Section 2 Age Section 3a Date of Birth Accuracy Code.

Administration

Purpose	Used to derive age for demographic analyses.
Principal data users	Department of Health
Collection start	July 1997 **Version** 1 (Effective 1 July 1997)
Definition source	NHDD (METeOR Id 287007)

Date of Birth Accuracy Code

Specification

Definition A code representing the accuracy of the components of a date - day, month, year.

Label DOB_Accuracy_Code

Datatype Alpha Form Structured Code

Field Size 3

Layout AAA

Reported in Patient extract

Reported for All patient level records.

Reported when The patient is first registered on the waiting list.

Value domain Value domain consists of a combination of three codes, each of which denotes the accuracy of one date component:

Code	Descriptor
A	The referred date component is accurate.
E	The referred date component is not known but is estimated.
U	The referred date component is not known and not estimated.
Component	**Descriptor**
1st – D	Refers to the accuracy of the day component.
2nd – M	Refers to the accuracy of the month component.
3rd - Y	Refers to the accuracy of the year component.

Reporting guide Any combination of the values A, E, U representing the corresponding level of accuracy of each date component of the reported date.

Where possible, report the accuracy of each date component. However, where software systems allow the collection of a binary value for Date of Birth Accuracy (that is the system has an 'Estimated Date of Birth' check box or similar) values such as 'AAA' and 'EEE' will be acceptable.

It is understood that the Date of Birth Accuracy Code will be reported as 'AAA' unless the date has been flagged as an estimated date. It is not necessary to validate the Date of Birth provided by every patient unless there is a reasonable suspicion that the date provided is not correct. Where there is a question over the date provided, or where the patient is unable or unwilling to provide their date of birth, the date should be estimated and flagged as such.

If the date of birth is provided by a reliable source (for example the patient or close relative) and is known as accurate then the date accuracy indicator should be reported as 'AAA'.

Reporting guide (Cont'd)	If the patient's approximate age is known, then this should be used to calculate an estimated year of birth. Sentinel dates should not be used. The Date of Birth Accuracy code would be reported as 'UUE', that is the day and month are 'unknown' and the year is 'estimated'. A Year component value of U – Unknown is not acceptable. Where the date part is accurate or estimated, the date part cannot be '00'. Where the date part is unknown, the date part may be '00' or 'NN'. **Examples:** **Valid combinations include:** DOB Accuracy = 'AAA', DOB = '03/11/1956' DOB Accuracy = 'EEE', DOB = '03/11/1956' DOB Accuracy = 'UUE', DOB = '00/00/1945' DOB Accuracy = 'UUE', DOB = '01/01/1945' **Invalid combinations include:** DOB Accuracy = 'AAA', DOB = '00/00/1956' DOB Accuracy = 'AAA', DOB = '00/06/1956' DOB Accuracy = 'EEE', DOB = '00/00/1956' DOB Accuracy = 'UUE', DOB = '00/00/0000' DOB Accuracy = 'UEE', DOB = '00/00/1956'
Edits	**S432** Invalid Date of Birth Accuracy code.
Related items	Section 2 Age Section 3a Date of Birth.

Administration

Purpose	Required to derive age for demographic analyses and for analysis by age at a point of time.
Principal data users	Multiple internal and external research users.
Collection start	2008-2009
Definition source	NHDD (Department of Health modified)
Value Domain source	NHDD Date-Accuracy Indicator (METeOR Id 294429)

Destination

Specification

Definition

Identification of the Campus:

- that is accepting responsibility for the patient's waiting episode

or

- where the patient is receiving treatment under contract or similar arrangement.

Label

Destination

Field Size

N/A

Layout

Valid Values Code from Campus Codes code set or blank

Reported in

Episode extract

Reported for

Episodes removed from the waiting list with a Reason for Removal of N, T, S, X.

Reported when

The patient is removed from the waiting list.

Reporting guide

Patients treated at another hospital, arranged by ESAS

A patient treated at another hospital, arranged by ESAS, is not considered to be a transfer of the waiting episode, because the responsibility for the patient's waiting episode remains with the original hospital. In order to identify where the patient has received treatment report the Destination code for the treating campus.

Patients who are treated under other contract or similar arrangement at another hospital (public or private)

A patient treated under other contract or similar arrangement at another hospital (public or private), arranged by this hospital, is not considered to be a transfer of the waiting episode because the reporting responsibility for the patient's waiting episode remains with the contracting hospital. In order to identify where the patient has received treatment, report the Destination code for the treating campus.

Includes:

- Patients treated under Hub and spoke arrangement where the Hub retains responsibility for the patient's waiting episode.

Patients who elect to be treated in a private hospital

Where a patient elects to be treated in a private hospital and this has not been arranged by this hospital, this is not considered to be a transfer of the waiting episode. In this instance, the patient should be removed from the waiting list with a removal code of I. Do not report a Destination code.

Edits

S310 Invalid Destination / Reason for Removal Combination

Related items

Section 2 Elective Surgery Access Service

Section 3a Reason for Removal.

Administration

Purpose	Used for analysis of service delivery patterns.		
Principal data users	Department of Health		
Collection start	July 1999	**Version**	5 (Effective 1 July 2005)
Definition source	Department of Health	**Code set source**	Department of Health

Indigenous Status

Specification

Definition

An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives.

Label

Indigenous_Status

Field Size

N/A

Layout

Valid values Code from Indigenous Status code set

Reported in

Patient extract

Reported for

All patient level records

Reported when

The waiting list episode is first registered and whenever the field is updated. This field should be updated on each occasion that any other demographics are updated.

Code set

Code	Descriptor
1	Indigenous - Aboriginal but not Torres Strait Islander origin.
2	Indigenous - Torres Strait Islander but not Aboriginal origin.
3	Indigenous - Aboriginal and Torres Strait Islander origin.
4	Not-indigenous – Not Aboriginal or Torres Strait Islander origin.
8	Question unable to be asked.
9	Patient refused to answer.

Reporting guide

A person of Aboriginal descent is a person descended from the original inhabitants of Australia.

The Torres Strait Islands are the islands directly to the north of Cape York, between Cape York and New Guinea.

In Victoria, the community of Torres Strait Island people is small and the community of Aboriginal and Torres Strait Island people is smaller again, therefore code 2 Indigenous Torres Strait Islander but not Aboriginal origin and code 3 Indigenous Aboriginal and Torres Strait Islander origin would not be widely used.

Code 8 Question unable to be asked should only be used under the following circumstances:

When the patient's medical condition prevents the question of Indigenous Status being asked.

In the case of an unaccompanied child who is too young to be asked their Indigenous Status.

Where registration for a waiting list episode occurs without the patient being present and cannot be determined from the information supplied. In this case it is expected that Indigenous Status will be updated prior to or at admission.

Note: Systems must not be set up to input a default code.

Rather than asking every patient about his or her Indigenous Status, first ask the patient:

'Were you born in Australia?'

If the answer to the question, *'Were you born in Australia'*, is **'No':**

Ask the patient:

'What country were you born in?'

However, if the answer is **'Yes'**

Ask the patient:

'Are you of Aboriginal or Torres Strait Islander origin?'

If the patient answers, **'Yes'** to being of Aboriginal or Torres Strait Islander origin, then ask further questions to record correctly the person's indigenous status.

Patient is baby or child

The parent or guardian should be asked about the Indigenous Status of the child. If the mother of a newborn baby has not identified as being of Aboriginal or Torres Strait Islander descent, hospital staff should not assume the baby is non-Aboriginal; the father may be of Aboriginal or Torres Strait Islander descent.

For further information refer to the Principles of recording Aboriginal Status in Victoria available on the internet at:
http://www.health.vic.gov.au/koori/

Edits **S425** Indigenous Status Invalid.

Administration

Purpose To:

enable planning and service delivery, and monitoring of indigenous health at state and national level,

facilitate application of specific funding arrangements.

Principal data users Koori Health Unit (Public Health, Department of Health)

Collection start	July 2005	**Version**	2 (Effective 1 July 2008)
Definition source	NHDD (METeOR Id 291036)	**Code set source**	NHDD (Department of Health modified)

Insurance Declaration

Specification

Definition The patient's insurance election, for a given episode.

Label Insurance_Declaration

Field Size N/A

Layout **Valid values** Code from Insurance Declaration code set

Reported in Episode extract

Reported for Mandatory for all episodes where the patient has received the awaited procedure and the patient was either admitted to this Health Service/r Campus or the admission was arranged by this Health Service/Campus. (Reason For Removal code of W, M, Y, S, X).

Reported when The patient is removed from the waiting list (mandatory). May be reported at any time during the waiting episode.

Code set

Code	Descriptor
M	Public
P	Private
V	Department of Veterans Affairs
W	Worksafe Victoria
T	Transport Accident Commission
A	Armed Services
S	Seamen
C	Common Law Recoveries
O	Other Compensable
X	Ineligible

Reporting guide If the episode is not removed, the Insurance Declaration reflects the patient's intended insurance election for that episode. If the intended Insurance Declaration changes, the episode record should re-sent to update the episode record already at Department of Health.

Prisoners

For prisoners report X Ineligible.

Edits **S303** Insurance Declaration Invalid.

Related items Section 3a Reason for Removal

Administration

Purpose	Analysis of utilisation and health care financing.		
Principal data users	Department of Health		
Collection start	July 1997	**Version**	4 (Effective 1 July 2005)
Definition source	Department of Health	**Code set source**	Department of Health

Locality

Specification

Definition	Geographic location (suburb/town/locality for Australian residents, country for overseas residents) of usual residence of the person (not postal address).
Label	Locality
Field Size	N/A
Layout	AAAAAAAAAAAAAAAAAAAA
Reported in	Patient extract
Reported for	All waiting list episodes patient level records without a Postcode of 1000 or 9988.
Reported when	The patient is first registered for any episode on the waiting list. Updated as required.
Code set	Refer to the Postcode/Locality reference data available from: http://www.health.vic.gov.au/hdss/reffiles/index.htm
Reporting guide	Australia Post web-site listing of postcodes and localities is available from: www.auspost.com.au The DH file excludes non-residential postcodes listed in the Australia Post file. Common variations of locality spellings, as used in Melway references and the Australian Bureau of Statistics National Locality Index (Cat. No. 1252), are included in the DH file. **Overseas Locality** Where the Postcode is 8888 (Overseas), report Locality as a four-digit SACC Country code representing the patient's country of residence. The four digit country code must be one that corresponds with a code listed against 8888 (overseas) codes in Postcode/Locality reference data If Postcode is 1000 or 9988, Locality remains blank. The health service/campus may collect the patient's postal address for its own purposes. However, for submission to ESIS, the Locality field must represent the patient's residential address.
Edits	**S122** Postcode/Locality Combination Invalid.
Related items	Section 3a Postcode

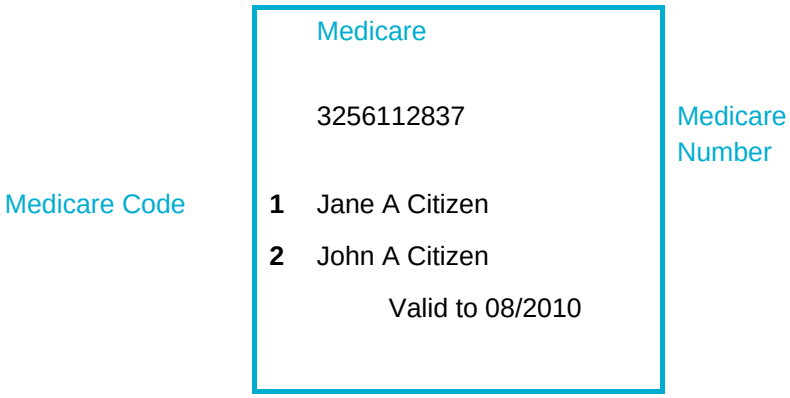
Administration

Purpose	To calculate (with Postcode field) the patient's Statistical Local Area (SLA) code which enables: • analysis of service utilisation and need for services. • identification of patients living outside Victoria for purposes of cross-border funding. • identification of patients living outside Australia for the Reciprocal Health Care Agreement (RHCA).		
Principal data users	Department of Health, AIHW		
Collection start	July 1997	**Version**	4 (Effective 1 July 2004) 5 (Effective 1 July 2009)
Definition source	Department of Health	**Code set source**	ABS National Locality Index (Cat. No. 1252 Australian Standard Classification of Countries for Social Statistics, Second Edition (Australian Bureau of Statistics, catalogue no. 1269.0).

Medicare Number

Specification

Definition	Personal identifier allocated by Medicare Australia to eligible persons under the Medicare scheme.
Label	Medicare_Number
Field Size	11
Layout	NNNNNNNNNNN or blank
Reported in	Patient extract
Reported for	All patient level records except in the circumstances covered under Medicare Suffix.
Reported when	The Medicare card is made available by the patient. Health Services should check for updated Medicare card details at each patient attendance.
Reporting guide	Valid: • First character can only be a: 2, 3, 4, 5, or 6 • Numeric • Check digit (ninth character) is the remainder of the following equation: [(1st digit * 1) + (2nd digit * 3) + (3rd digit * 7) + (4th digit * 9) +(5th digit * 1) + (6th digit * 3) + (7th digit * 7) + (8th digit * 9)] / 10 • 11th digit only zero if date of birth <6 months



Report the full Medicare Number from a patient's Medicare card, the eleventh digit being the Medicare Code (the number printed on the Medicare Card, to the left of the printed name of the patient).

The Medicare Suffix is reported at the same time as the Medicare Number.

When the Medicare Number is reported, it must be numeric and contain the appropriate check digit (second last digit on the card).

Neonates

For neonates who have not yet been added to the family Medicare Card, and therefore have no Medicare Code, there are two reporting options:

1. mother's/family's Medicare Number in the first ten characters and a zero (0) as the eleventh character

2. mother/family Medicare Number in the first ten characters and the mother's code as the eleventh character.

Card Unavailable / Ineligible / Prisoners

If the Medicare Number is not available or the patient is not eligible for Medicare, the field should be reported as blank and the appropriate suffix reported in the Medicare Suffix field.

Edits	**S081**	Medicare Number Invalid
	S082	Medicare Code '0' And Age Greater Than 180 Days
	S088	Medicare Suffix Invalid
Related items	Section 2	Medicare Eligibility Status-Eligible Person Medicare Eligibility Status-Ineligible Person
	Section 3a	Medicare Suffix

Administration

Purpose	Used to determine eligibility for publicly funded health care.		
Principal data users	Department of Health		
Collection start	July 1999	**Version**	2 (Effective 1 July 2005)
Definition source	NHDD (METeOR Id 270101)	**Code set source**	Medicare Australia

Medicare Suffix

Specification

Definition The first three characters of the patient's first given name (as it appears on the persons Medicare card).

Label Medicare_Suffix

Field Size Between 1 and 3 Characters

Layout AAA, AA, A'A, AA', A, A-A, AA-

Reported in Patient extract

Reported for All patient level records.

Reported when The waiting list episode is first registered and updated as required.

Reporting guide Characters permitted:

- Alphas only
- Space as second and third characters
- Space as third character
- Hyphen or apostrophe as second character
- Hyphen or apostrophe as third character.

The Medicare Number (if available) is reported at the same time as the Medicare Suffix.

Card Unavailable / Ineligible / Prisoner

If the Medicare Number is not available or the patient is ineligible for a Medicare Number, leave the Medicare Number blank and enter the appropriate suffix, from the list below:

Code	Descriptor
C-U	Card unavailable
N-E	Not eligible for Medicare
P-N	Prisoner

Unnamed Neonate

For unnamed neonates where the family has a Medicare Number, report a Medicare Suffix of 'BAB'. The Medicare Number issued to the mother / family must also be reported with a Medicare Code (11th character) of '0' or the Medicare Code for the mother.

Edits **S088** Medicare Suffix Invalid

Related items

Section 2	Medicare Eligibility Status-Eligible Person Medicare Eligibility Status-Ineligible Person
Section 3a	Medicare Number

Administration

Purpose	To assist monitoring continuity of care across hospitals. Used to ensure eligibility for publicly funded health care.			
Principal data users	Department of Health			
Collection start	July 1999	**Version**	2	(Effective 1 July 2005)
Definition source	Department of Health			

Multi-Attribute Prioritisation Tool (MAPT) Score

Specification

Definition

A score used to assist in prioritising, monitoring and service planning for patients who may require joint replacement surgery. It is a value between 0 and 100 and is derived from patient responses to an 11-item questionnaire using an underlying algorithm.

Label

Event_Value

Field Size

7

Layout

NNN.NNN Leading and trailing zero filled, numeric characters and decimal point only.

Reported in

Intra Episode extract as an Event Value.

Reported for

Waiting list episodes where the patient undergoes one or more MAPT assessments.

Reported when

When a MAPT assessment is conducted.

Intra Episode Event

Event Type:

MAPT

Event Date:

- the date of the MAPT assessment or the Clinical Registration Date, whichever is the most recent.

Reporting guide

Report the number that the MAPT tool generates zero filled as appropriate. For example, report a score of 2.3 as 002.300

Although MAPT assessments may continue after removal, do not report MAPT score where the date of the MAPT assessment is greater than the Removal Date.

The Event Date is either the date of the MAPT assessment or the Clinical Registration Date, whichever is the most recent.

There can be only one MAPT Event per episode per day.

Edits

S383 Multiple Events Of Same Type For Same Episode On One Day

S384 Invalid Event Date

S385 Invalid Event Type

S431 Intra Episode Event Value For MAPT Invalid

Related items

Section 2	Intra Episode Event
Section 3a	Clinical Registration Date Removal Date
Section 3b	Event Date Event Type Event Value

Administration

Purpose	To support the evidence-based allocation of resources for patients awaiting hip or knee joint surgery.		
Principal data users	Department of Health		
Collection start	July 2007	**Version**	1 (Effective 1 July 2007)
Definition source	Department of Health	**Code set source**	Department of Health

Patient Identifier

Specification

Definition	An identifier unique to a patient within this submitting health service. Commonly referred to as the unit record, or UR number.
Label	Patient_Identifier
Field Size	10
Layout	XXXXXXXXXX Leading zero filled, alphanumeric characters only.
Reported in	Patient extract (Primary Key) Episode extract (Foreign Key)
Reported for	All waiting list episodes.
Reported when	The waiting list episode is first registered.
Code set	Hospital generated. Individual health services may use their own alphabetic, numeric or alphanumeric coding systems.
Reporting guide	If reporting as a health service, the Patient Identifier must be unique within the health service. If the campuses submit ESIS data separately, the Patient Identifier must be unique within each campus.
Edits	**S066** Patient Identifier Invalid **S135** Patient Already On Waiting List For Same PPP **S380** Referential Integrity Error Between Episode And Patient **S382** Patient Identifier Exists Multiple Times In One Patient Level Extract **S408** The Patient Identifier To Which This Episode Relates, Has Changed
Related items	Section 3b Ceased Patient Identifier Retained Patient Identifier Section 4 Merging Patient Identifiers

Administration

Purpose	To enable individual episodes to be identified and updated.
Principal data users	Department of Health
Collection start	July 1997 **Version** 2 (Effective 1 July 2000)

Planned Length of Stay

Specification

Definition

The intention of the responsible clinician at the time the patient is placed on the waiting list, to separate the patient either on the day of admission or a subsequent date.

Label

Planned_Length_Of_Stay

Reported in

Episode extract

Reported for

All waiting list episodes.

Reported when

The waiting list episode is first registered and updated when the planned length of stay is revised during the waiting episode.

Code set

Code	Descriptor
1	Planned same day.
3	Planned 23-hour stay.
4	Planned multiday stay.

Reporting guide

May be altered at any time during the waiting episode, for example, after a clinical review of the patient or because a procedure that had been considered multi-day is now being performed on a same-day basis.

The field represents planning during the waiting period, not intention as decided on day of admission, therefore the field must not be altered at or after admission regardless of any change in planned length of stay apparent at that time. In such an event, the ESIS Planned Length of Stay and the VAED Intended Duration of Stay will differ.

Planned same day

Patient is intended to be admitted and separated on the same day.

Planned 23 hour stay

This is a '…model of care for elective surgery patients who require no more than one overnight stay. The model is not an alternative or substitute for day surgery, but an extension of services for patients unsuitable for day surgery…' (Extended Day Surgery. State of Victoria, Department of Health, 2007).

Edits

S167 Planned Length Of Stay Invalid

Administration

Purpose

Used in calculation of Day of Surgery Admission (DOSA) rates.

Principal data users

Department of Health, AIHW and the Commonwealth Department of Health and Ageing.

Collection start

July 1997

Version

3 (Effective 1 July 2007)

Definition source

Department of Health, Performance, Acute Programs and Rural Health

Code set Source

Department of Health

Postcode

Specification

Definition Postcode of the locality in which the patient usually resides (not postal address).

Label Postcode

Field Size N/A

Layout Valid values Code from Postcode/Locality code set

Reported for All waiting list episodes.

Reported when The waiting list episode is first registered.

Code set

Code	Descriptor
1000	No fixed abode
8888	Overseas
9988	Unknown address

Reporting guide

Postcode is only valid in the context of the Locality with which it is reported. The only valid postcode/locality combinations are those that appear in the DH Postcode/Locality reference data. If you find a new (and valid) Postcode/Locality combination please notify AED and reference data will be updated.

The Australia Post listing of postcodes and localities is available from:

www.auspost.com.au

Non-residential postcodes are excluded from the Australia Post list. Common variations of locality spellings, as used in Melway references and the Australian Bureau of Statistics National Locality Index (Cat. No. 1252), are included.

The reporting health service may collect the patient's postal address for its own purposes. For submission to ESIS the Postcode must represent the patient's residential address. Non-residential postcodes (such as mail delivery centres) will require correction.

8888 Overseas

Report the four-digit SACC Country Code representing the patient's country of residence. The four-digit country code must be one that corresponds with a code listed against 8888 (overseas) codes in the Postcode/Locality reference data. SACC Country codes are found in the Country of Birth and Country of Residence SACC codeset.

Edits **S122** Postcode/Locality Combination Invalid

Related items Section 3a Locality

Administration

Purpose To enable calculation (with Locality field) of the patient's appropriate Statistical Local Area (SLA) which enables:

- Analyses of service utilisation and need for services.
- Identification of patients living outside Victoria for purposes of cross border funding.
- Identification of patients living outside Australia for the Reciprocal

Health Care Agreement (RHCA).

Principal data users	Multiple internal and external users.		
Collection start	July 1997	**Version**	2 (Effective 1 July 2004)
Definition source	Department of Health	**Code set source**	Australia Post (Department of Health modified)

Previous Identifier of Transferred Episode

Specification

Definition	The campus/health service code concatenated with the nine-character episode identifier from campus/health service transferring the waiting episode.
Label	Previous_Identifier_of_Transferred_Episode
Field Size	13
Layout	NNNNXXXXXXXXX
Reported in	Episode extract
Reported for	All waiting list episodes that have been transferred from an ESIS reporting campus /health service (Source of Referral = 2).
Reported when	The waiting list episode is first registered at this campus/health service.
Reporting guide	Report the campus/health service code concatenated with the nine character Episode Identifier from the originating campus/health service. For example if you have received a waiting episode from Austin Health, campus code 5530, and the Episode Identifier at Austin Health was 000123456, report 5530000123456. Valid campus or health service codes are listed in the campus /health service code set. Where organisations report at the health service level, the code will be a health service code, and where reporting at the campus level the code will be a campus code. A Previous Identifier of Transferred Episode code is not required for patients that have been referred directly to the waiting list by a campus/health service that does not report to ESIS.
Edits	**S397** Unmatched Transfer As Reported By Receiving Campus /Health service **S398** Unmatched Transfer as Reported by Originating Campus /Health service **S414** Previous Identifier of Transferred Episode Invalid
Related items	This section — Source of Referral Section 4 — Transfer of Ownership of Waiting Episode

Administration

Purpose	Used for analysis of referral patterns.		
Principal data users	Department of Health		
Collection start	July 2005	**Version**	1 (Effective 1 July 2005)
Definition source	Department of Health	**Code set source**	N/A

Principal Prescribed Procedure

Specification

Definition	The elective procedure for which the patient has principally been placed on the waiting list.
Label	Principal_Prescribed_Procedure
Field Size	N/A
Valid values	Code from the Principal Prescribed Procedure code set.
Reported for	All waiting list episodes.
Reported when	The waiting list episode is first registered and can be updated in the circumstances outlined below.
Code set	Updated code set is available at: http://www.health.vic.gov.au/hdss/reffiles/index.htm
Reporting guide	The Principal Prescribed Procedure (PPP) is the procedure prescribed by the surgeon, to treat (that is, cure, alleviate or control) the patient's condition. PPP codes are not limited to a given Surgical Specialty. Different hospitals may have different surgical specialties under which a procedure is performed; therefore select the PPP code that best matches the description of the procedure. Whilst full details of the procedure undergone by the patient will not be known until after the surgery, the surgeon will provide an explanation of the proposed nature of the procedure to be performed. This information provides the basis for the Principal Prescribed Procedure code assignment. It is recognised that the allocated PPP is essentially a statement of intent and that it may transpire as late as the operating table that the procedure originally intended is no longer appropriate. **Changing the Principal Prescribed Procedure code within a single episode** The Principal Prescribed Procedure can be changed within the waiting episode when: • the new Principal Prescribed Procedure code will treat exactly the same condition in the patient, as was intended when the patient was placed on the waiting list. • a data input error has occurred, and a change to the Principal Prescribed Procedure code is simply a correction of that error. If the patient requires a new procedure for the treatment of a different condition, a new waiting episode must be started. **Multiple procedures to be performed in the same operative episode** When the surgeon indicates that the patient will undergo more than one procedure during the same operative episode, assign the most resource intensive procedure as Principal Prescribed Procedure.

Reporting guide (Cont'd)

Multiple procedures to be performed in separate operative episodes

A patient may be waiting for more than one procedure to treat more than one clinical condition. In this event, the patient will be reported a number of times under the same Patient Identifier but different Episode Identifier/s with different Principal Prescribed Procedures. For example the patient may be waiting for a hip replacement and release of carpal tunnel. The unique Episode Identifier allows the recording of more than one waiting episode per patient.

A patient may be waiting for the same procedure to treat the same clinical condition to be performed in separate operative episodes. In this event, the patient will be reported a number of times under the same Patient Identifier but different Episode Identifier. For example, the patient may be waiting for a cataract repair on the left eye then the right eye. The unique Episode Identifier allows the recording of more than one waiting episode per patient.

This number of records submitted to DH is therefore likely to exceed the actual number of patients waiting.

Valid PPPs for Multiple Episodes

A selection of PPP codes have been identified as procedures that can be repeated for the same patient, that is a patient can be on the waiting list for these procedures more than once

Valid PPPs for concurrent episodes reference data available from

http://www.health.vic.gov.au/hdss/reffiles/index.htm

Edits

S134	Principal Prescribed Procedure Invalid
S135	Patient already On Waiting List For Same PPP
S386	PPP For This Episode Has Changed
S405	Non Specific (Other) PPP Code Used, But No PPP Description
Section 3a	Patient Identifier Surgical Specialty
Section 3b	Episode Identifier
Section 4	Common Procedures not considered elective surgery

Administration

Purpose

Used to analyse waiting time by procedure; useful to patients and referring doctors. Waiting time data by procedure assists in planning and resource allocation, audit and performance monitoring.

Used by hospitals to book and schedule procedures.

Principal data users

Department of Health, AIHW and the Commonwealth Department of Health and Aged Care.

Collection start	July 1997	**Version**	2 (Effective 1 July 1999)
Definition source	Department of Health	**Code set source**	Department of Health

Principal Prescribed Procedure Description

Specification

Definition A free-text description of this episode's awaited procedure.

Label PPP_Description

Field Size Between 3 and 100 characters.

Layout Free text but field cannot contain tabs, linefeeds or carriage returns.

Reported in Episode extract

Reported for All waiting list episodes with a non-specific Principal Prescribed Procedure (PPP) code (mandatory) and optional for all other PPP codes.

Reported when The waiting list episode is first registered. Can be updated.

Reporting guide The PPP description is mandatory for non-specific PPP codes. Descriptions for non-specific PPPs cannot be generic, default values or system-generated descriptions.

The non-specific PPP codes are:

Code set

Code	Descriptor
030	Other ENT surgery
050	Other general surgery
070	Other gynaecological surgery
090	Other neurosurgery
110	Other ophthalmic surgery
130	Other orthopaedic surgery
160	Other plastic surgery
230	Other surgery on the heart
231	Other thoracic surgery
180	Other urological surgery
190	Other vascular surgery

Edits **S405** Non Specific (Other) PPP Code Used, But No PPP Description.

Related items Section 3a Principal Prescribed Procedure

Administration

Purpose To analyse the use of the non specific PPP codes to assist in further refining and enhancing the PPP code set.

Principal data users Department of Health

Collection start July 2005 **Version** 1 (Effective 1 July 2005)

Definition source Department of Health **Code set source** Department of Health

Readiness for Care

Specification

Definition

A patient's readiness at a given point in time to undergo this episode's awaited procedure.

Label

Event_Value

Field Size

N/A

Layout

Valid values Code from Readiness For Care code set

Reported in

Intra Episode extract.

Reported for

All waiting list episodes.

Reported when

The patient is first registered on the waiting list for this episode and for each change in the patient's readiness during the waiting episode.

Code set

Code	Descriptor
R	Ready for Care
C	Clinically Initiated Deferral
P	Patient Initiated Deferral

Intra Episode Event

Event Type:

- Readiness

Event Date:

- The date that the patient became ready or not ready for care.

Reporting guide

The patient may or may not be Ready For Care when they are first registered onto the waiting list. Their Readiness For Care can change multiple times throughout the waiting episode. Each change in readiness is reported as an Intra Episode Event. This date must reflect the patient's actual experience rather than the date of data entry.

There can be only one Readiness Event per episode per day.

R: Ready For Care

A patient who is available to undergo the awaited procedure.

C: Clinically Initiated Deferral

Includes a patient whose:

- health status has temporarily declined to the extent that they are not presently suitable for the prescribed procedure.
- medical condition will not require or be amenable to surgery until some future date. For example, a patient who has had internal fixation of a fractured bone and will require removal of the fixation device after a suitable time delay.

If a patient's health has permanently declined and the surgery is no longer an option, remove the episode from the waiting list with Reason for Removal code Q Surgery declined or not required.

P: Patient Initiated Deferral

A patient who refuses or seeks a delay in the booking for personal, non clinical reasons. Health services are expected to exercise discretion in distinguishing between a patient who is reasonably negotiating an admission date to suit their particular circumstances (consider the patient's Clinical Urgency) and one who declares themselves unavailable for treatment for prolonged periods.

If the surgeon considers a patient's deferral to be unreasonable (for example the patient wishes to defer indefinitely or repeatedly defers for long periods) and removes the patient from the waiting list, assign Reason for Removal code Q Surgery declined or not required.

For policy advice on management of patient deferrals refer to the Elective Surgery Access Policy at:
http://www.health.vic.gov.au/electivesurgery

Edits

S296	Reason For Removal Implies Procedure Performed, But Not Ready For Care.
S315	Clinical Urgency Cat 1, Wait More Than 30 Days.
S383	Multiple Events Of Same Type For Same Episode On One Day.
S384	Invalid Event Date.
S385	Invalid Event Type.
S390	Intra Episode Event Value For Readiness Change Invalid.
S413	Episode Registered Without A Readiness For Care Value.
S429	SAD Identifier/Event Type Mismatch.

Related items

Section 2	Intra Episode Event Total Not Ready For Care Days Total Waiting Time
Section 3b	Event Date Event Type Event Value
Section 4	Intra Episode Events Required for Registration

Administration

Purpose Used in calculation of Total Waiting Time.

Principal data users Department of Health, AIHW and the Commonwealth Department of Health and Aged Care.

Collection start July 1997

Version

1	(Effective 1 July 1997)
2	(Effective 1 July 2002)
3	(Effective 1 July 2005)

Definition source National Health Data Committee

Department of Health

Code set source Department of Health

Reason for Removal

Specification

Definition The reason a waiting episode is removed from the waiting list.

Label Reason_For_Removal

Field Size N/A

Layout **Valid Values** Code from Reason For Removal code set

Reported in Episode extract

Reported for All waiting list episodes removed from the waiting list.

Code set

Admitted to this campus	
Code	**Descriptor**
W	Admitted to the intended campus and has received the awaited procedure
M	Admitted to the intended campus or (if reporting at health service level) any campus with the health service and has received the awaited procedure as an emergency admission
Y	Procedure received at intended campus, not planned at admission (excludes emergency admission)
Treated elsewhere	
Code	**Descriptor**
B	Received the awaited procedure at another public campus, not arranged by this campus/health service
I	Received the awaited procedure at a private campus, not arranged by this campus/health service
U	Received the awaited procedure at another campus unknown whether public or private, not arranged by this campus/health service
S	Admitted to another campus arranged by ESAS and has received the awaited procedure
X	Admitted to another campus arranged by this campus/health service and has received the awaited procedure under other contract or similar arrangement

Code set (cont'd)

Transfer of ESIS episode	
Code	**Descriptor**
N	Transfer of waiting episode to a non-ESIS (public) campus
T	Transfer of waiting episode to another ESIS campus/health service
Cancellation	
Code	Descriptor
R	Died
Z	Not contactable
Q	Surgery declined or not required
F	Failure of the patient to arrive for treatment
O	Other reason for cancellation

Reporting guide

The patient is removed from the waiting list when they are no longer waiting for their elective surgery. This may be because:

- the surgery has been performed
- the surgery is no longer required
- the patient has been unable to be contacted, or
- another reason.

A removal refers to the end of a valid waiting list episode that occurs on a Removal Date and has a Reason for Removal.

Report the appropriate reason to explain why the patient's waiting episode has been removed from the waiting list.

W **Admitted to the intended campus and has received the awaited procedure.**

Patient was admitted to the intended campus and received the awaited procedure as a planned (rather than an emergency) admission.

Includes:

- Patients treated under a Hub and Spoke arrangement where the Spoke retains responsibility for the patient's waiting episode.

Reporting guide (cont'd)

M Admitted to the intended campus or (if reporting at health service level) any campus with the health service and has received the awaited procedure as an emergency admission.

Patient was admitted and has received the awaited procedure through the Emergency Department at this campus (or another campus of this health service) rather than as an elective admission.

Excludes:

A patient admitted to another campus outside this health service for the awaited procedure as an emergency patient. Report a Reason for Removal code B, I or U Treated elsewhere for awaited procedure, not arranged by this campus/health service.

Y Procedure received at intended campus, not planned at admission (excludes emergency admission)

Patient was already registered on the waiting list for the procedure before this (non-emergency) admission occurred. The intent of this admission was for a reason other than the performance of this waiting list procedure. During this admission the clinician makes the decision to perform the awaited procedure.

The Date Of Admission must be after the Clinical Registration Date. The Date Of Admission need not equal any Scheduled Admission Date (SAD) whether the SAD has been cancelled or not because the procedure is unplanned (unscheduled) at the time of admission.

Excludes:

- Patients receiving the awaited procedure as an emergency admission.
- Where a patient is already admitted before the need for a procedure is determined. These episodes are outside the scope of ESIS as the Date of Admission is before the Clinical Registration Date.

B, I, U Treated elsewhere for the awaited procedure not arranged by this campus/health service

Patient whose awaited procedure has been performed at another campus or health service. Procedure was not arranged by this campus/health service.

Includes:

- Patient has initiated treatment at another campus (including a private hospital)
- Patient admitted through the Emergency Department of another campus for the awaited procedure. If reporting at the health service level, it must be a campus outside this health service.

Determine, wherever possible, whether the patient was treated at a private or public campus.

Do not report a Destination code.

Reporting guide (cont'd)

S Admitted to another campus arranged by ESAS and has received the awaited procedure

The Elective Surgery Access Service has arranged the patient's treatment at another campus.

The responsibility for the patient's waiting episode remains with the campus/health service that originally placed the patient on their waiting list.

Report a Destination code to indicate the campus where the patient was admitted and received the awaited procedure arranged by ESAS.

X Admitted to another campus arranged by this campus/health service and has received the awaited procedure under other contract or similar arrangement

This campus/health service arranged for the patient to be treated at another campus under contract or similar arrangement. The responsibility for the patient's waiting episode remains with the ESIS campus/health service reporting this episode.

This patient should remain on the waiting list until admitted.

Includes:

- Patients treated under a Hub and spoke arrangement where the Hub retains responsibility for the patient's waiting episode.

Report a Destination code to indicate the campus where the patient was admitted and received the awaited procedure under contract or similar arrangement.

Excludes:

- Where the patient initiates treatment at another hospital, report Reason for Removal codes B, I or U Treated elsewhere for the awaited procedure, not arranged by this campus/health service.

N Transfer of waiting episode to a non ESIS (public) campus

The reporting responsibility for the patient's waiting episode has been transferred from this ESIS reporting health service to a non-ESIS reporting (public) campus. The patient's surgery will be performed at the receiving campus.

Report a Destination code to indicate the campus to which responsibility has been transferred.

Excludes:

- Where the patient has initiated their own treatment at another campus. Report Reason for Removal code B, I or U.

Reporting guide (cont'd)

T Transfer of waiting episode to another ESIS campus/health service

The reporting responsibility for the patient's waiting episode has been transferred from this ESIS reporting health service to another ESIS reporting health service. Usually this occurs when it is possible for the patient to be treated in a timely manner at the receiving campus/health service.

It is essential that the Episode Identifier, the Removal Date, and the originating campus/health service's code are provided to the receiving campus/health service.

Excludes:

- Where the patient has initiated their own treatment at another campus. Report Reason for Removal code B, I or U.

Q Surgery declined or not required

Includes:

- Patients who refuse treatment at their own initiative and no longer wish to receive treatment at the hospital
- Patients whose clinical condition has either improved or worsened to the extent that they are no longer suitable candidates for the awaited surgery
- Patients on the waiting list for an ESIS reportable procedure but after study require alternative treatment that is a not within the scope of ESIS (refer to Section: Common procedures that are not considered to be elective surgery).
- Episodes removed from the waiting list by a surgeon for non-clinical reasons. This includes instances where the patient's surgeon considers the patient's deferral of this episode to be unreasonable for example, the patient wishes to defer this episode indefinitely, or repeatedly defers this episode for long periods.

Refer to the Elective Surgery Access Policy for guidelines regarding removal of patients from the waiting list.
http://www.health.vic.gov.au/surgery/wl.htm.

F Failure of the patient to arrive for treatment

- Patient who is booked for admission, and fails to arrive at the hospital on that day without giving prior notice, may be removed from the waiting list.
- Health services are required to exercise discretion to avoid disadvantaging patients in hardship, misunderstanding and other extenuating circumstances.

The alternative is for the reporting health service to rebook the patient (see Reason For Scheduled Admission Date Change) leaving Reason for Removal blank.

Reporting guide (cont'd)	**O**	**Other reason for removal**
	Circumstances for removal that do not fit into any other Reason for Removal category.	
Edits	**S287**	Scheduled Admission Date Exceeded
	S295	Date Of Admission Not Equal To Scheduled Admission Date
	S296	Reason For Removal Implies Procedure Performed, But Not Ready For Care
	S298	Reason For Removal Invalid
	S303	Insurance Declaration Invalid
	S310	Invalid Destination/Reason For Removal Combination
	S375	Clinical Urgency Category For ESAS Reason For Removal Invalid
	S395	Removal Date/Reason For Removal Mismatch
	S397	Unmatched Transfer As Reported By Receiving Health Service
	S398	Unmatched Transfer As Reported By Originating Health Service
	S399	Date Of Admission For Awaited Procedure But No Removal Date
	S400	Date Of Admission For Awaited Procedure Invalid
	S401	Date Of Admission/Reason For Removal Mismatch
Related items	Section 2	Admission For The Awaited Procedure Total Waiting Time
	Section 3a	Destination Treatment Campus
	Section 4	Deletion Tabular Business Rules Transfer Of Ownership Of Waiting Episode.

Administration

Purpose	Used to monitor waiting list management.		
Principal data users	Department of Health, AIHW and the Commonwealth Department of Health and Aged Care.		
Collection start	July 1997	**Version**	1 (Effective 1 July 1997) 2 (Effective 1 July 2001) 3 (Effective 1 July 2005)
Destination source	Department of Health	**Code set source**	Department of Health

Reason for Scheduled Admission Date Change

Specification

Definition The reason this episode's Scheduled Admission Date has been revised or cancelled.

Label Event_Value

Field Size N/A

Valid values Code from Reason Scheduled Admission Date Change code set

Reported in Intra Episode extract

Reported for All waiting list episodes where the Scheduled Admission Date has been revised or cancelled.

Reported when The decision is made not to admit the patient on the Scheduled Admission Date.

Code set

Code	Descriptor
100	Surgeon unavailable
101	Surgical unit initiated
102	Hospital staff unavailable
103	Ward bed unavailable
104	Critical care bed unavailable
105	Equipment unavailable
106	Theatre overbooked
107	Theatre over-run
108	Emergency priority
109	Elective priority
110	Hospital/surgeon has not prepared patient
111	Clerical/Booking error
120	Patient is unprepared
121	Patient deemed unfit
122	Patient has postponed
123	Patient has failed to attend
124	Admission postponed, surgery date unchanged
130	Booking brought forward

Intra Episode Event

Event Type:

- Reason SAD Changed

Event Date:

- The date on which the cancellation decision was made.

SAD Identifier:

- SAD Identifier of the corresponding Set SAD event (the booking that is being changed or cancelled by this Reason SAD changed intra episode event).

Reporting guide

Report the reason that most accurately reflects the patient's Scheduled Admission Date has been changed or cancelled. Where multiple reasons for Scheduled Admission Date change exist, select the most appropriate code.

The decision not to admit a patient as scheduled will be made after the date the scheduling takes place and before the scheduled admission date.

Cancellation after the patient has been admitted

Whilst an admission cannot be cancelled after it has occurred, it is possible that the awaited procedure may be cancelled after the planned admission has commenced. In these instances the Reason SAD Changed event should reflect the reason the procedure was cancelled, and the Event Date can be later than the date of the admission.

Cancellation before patient receives booking advice

If a booking (the setting of a Scheduled Admission Date) is entered onto the system but not communicated to the patient, and a decision is made not to proceed with that booking, the booking should be DELETED rather than reported as a booking and cancellation.

Hospital initiated postponements

The Department of Health monitors the rates of Hospital Initiated Postponements (HIPs) through its Performance Monitoring Framework. For details regarding the calculation of this key performance indicator refer to:

http://www.health.vic.gov.au/hospital-performance/busrule10.pdf

Cancellations before 1 July 2007

Intra episodes events with Event Date before 1 July 2007 will have a Reason SAD changed event value from a previous code set. Refer to previous ESIS Manuals for valid code sets.

100 Surgeon unavailable

The surgeon booked to perform the procedure has cancelled some or all of their scheduled theatre time due to leave, illness, lateness or being called away. Where the postponement is due to leave, the surgeon has not informed the hospital within a timeframe that prevents the patient from being booked and informed of their date for surgery.

101 Surgical unit initiated

Surgery postponed due to surgeon/registrar preference to perform surgery on another patient.

Use this code when the surgeon/registrar initiates the postponement and it is not due to leave, illness, lateness or being called away, or higher priority patient.

Excludes:

When surgery is postponed because of the need to perform surgery on a patient of higher clinical urgency (report 108 Emergency priority or 109 Elective priority).

102 Hospital staff unavailable

Insufficient hospital staff (nurses, anaesthetists, non-clinical staff). Report this code for Industrial action.

103 Ward bed unavailable

A bed (other than a critical care bed) is not available in the hospital.

104 Critical care bed unavailable

A critical care bed (intensive care, coronary care or high dependency) is not available in the hospital.

105 Equipment unavailable

Equipment (including power or water) is unavailable or has failed, or prosthesis for implantation is unavailable.

106 Theatre overbooked

Too many cases scheduled in the planning of the list.

Excludes:

- Unintentional list overrun because cases took longer than anticipated (report 107 Theatre over-run).

107 Theatre over run

Unintentional list over-run due to cases taking longer than anticipated

108 Emergency priority

Rescheduled due to a higher priority emergency patient requiring surgery.

Includes:

- Emergency patients currently admitted
- Patients presenting via the emergency department
- Obstetric emergencies.

108 Emergency priority

Rescheduled due to a higher priority emergency patient requiring surgery.

Includes:

- Emergency patients currently admitted
- Patients presenting via the emergency department
- Obstetric emergencies.

Reporting guide (cont'd)

109 Elective priority

Rescheduled due to a higher priority elective patient requiring surgery. Includes elective patients seen in outpatients or private rooms.

110 Hospital/Surgeon has not prepared patient

Further preoperative workup is required. This code is only to be reported when the patient has been insufficiently prepared for surgery by the hospital/surgeon.

Excludes:

- Where the patient has not prepared sufficiently (report 120 Patient unprepared).

111 Clerical/Booking Error

The patient has been incorrectly advised of date of surgery. A clerical/booking error occurred, for example advising patient of incorrect date of surgery.

120 Patient is unprepared

The patient has not adhered to the required preparations for surgery, for example has eaten or not done bowel preparation.

121 Patient deemed unfit

The patient has been assessed as unwell by a general practitioner, surgeon, anaesthetist or other clinical staff.

Includes:

- Surgeon's assessment that patient is temporarily not ready for care due to a change in their clinical condition
- Shortage of blood for transfusion
- Anaesthetic complications.

Excludes:

- Patients declaring themselves unwell (report 122 Patient has postponed).

122 Patient has postponed

Surgery postponed at the request of the patient for personal reasons, or because they have declared themselves unwell.

123 Patient has failed to attend

Surgery postponed because the patient has failed to attend.

124 Admission postponed, surgery date unchanged

Patient was admitted after the Scheduled Admission Date, but the procedure was performed on the day originally planned

130 Booking brought forward

Patient's Scheduled Admission Date has been brought forward for any reason.

Edits	**S287**	Scheduled Admission Date Exceeded.
	S391	Invalid Intra Episode Event Value For SAD Change Reason.
	S417	Scheduled Admission Date Changed Without Reason For Change.
	S418	Reason For SAD Change Reported But no related SAD.
	S429	SAD Identifier/Event Type Mismatch.
Related items	Section 2	Hospital Initiated Postponement Intra Episode Event Postponement
	Section 3b	Event Type Event Date Event Value Scheduled Admission Date Identifier.

Administration

Purpose	Used to monitor waiting list management.		
Principal data users	Access and Metropolitan Performance Branch, Department of Health (Vic).		
Collection start	July 1997	**Version**	1 (Effective 1 July 1997)
			2 (Effective 1 July 2005)
			3 (Effective 1 July 2007)
Destination source		**Code set source**	Department of Health

Removal Date

Specification

Definition	The date on which the patient's waiting episode is completed by an event listed in the Reason For Removal code set.
Label	Removal_Date
Field Size	8
Layout	DDMMYYYY or blank
Reported in	Episode extract
Reported for	All waiting episodes removed from the waiting list.
Reported when	The Reason For Removal is reported.
Reporting guide	**Admission at or arranged by this health service/campus** Removal Date is the date of procedure. **Admission at another health service/campus, not arranged by this health service/campus** Removal Date is the date that the hospital becomes aware that the patient has already received the awaited procedure. **Transfer of waiting episode** Removal Date is the agreed transfer date of the waiting episode. Refer to Section 4: Transfer of ownership of waiting episode for further details. **Patient is deceased** Removal date is the patient's date of death or if this is unable to be determined, the date on which the health service was notified of the patient's death. **Patient not contactable** Removal Date is the date of final attempt of reasonable effort (per Elective Surgery Access Policy). **Surgery Declined** Removal Date is the date that the patient declined the surgery and contacted the health service to advise this. **Surgery no longer required** Date on which the clinical decision was made that the patient no longer requires the awaited procedure. **Patient failure to arrive for treatment** Removal Date is the Scheduled Admission Date on which the patient failed to attend for their awaited procedure.
Edits	**S290** Removal Date Invalid **S291** Removal Date Is Before Clinical Registration Date. **S295** Removal Date Not Equal To Scheduled Admission Date. **S296** Reason for Removal implies procedure performed But Not Ready for Care.

	S315	Clinical Urgency Cat 1, Wait More Than 30 Days.
	S395	Removal Date/Reason For Removal Mismatch.
	S397	Unmatched Transfer As Reported By Receiving Health Service.
	S398	Unmatched Transfer As Reported By Originating Health Service
	S399	Date Of Admission For Awaited Procedure But No Removal Date.
	S403	Date Of Admission For Awaited Procedure Is After Removal Date.
	S409	Age Greater Than 105 Years.
Related items	Section 2	Total Waiting Time.
	Section 3	Reason for Removal
	Section 4	Tabular Business Rules Transfer Of Ownership Of Waiting Episode.

Administration

Purpose	Used to calculate Total Waiting Time.			
Principal data users	Department of Health Commonwealth Department of Health and Aged Care.			
Collection start	July 1997	**Version**	1	(Effective 1 July 1997)
			2	(Effective 1 July 2005)
Destination source	Department of Health	**Code set source**	N/A	

Scheduled Admission Date

Specification

Definition	The date on which the admission for the awaited procedure is intended to occur.
Label	Event_Value
Field Size	8
Layout	DDMMYYYY
Reported in	Intra Episode extract
Reported for	Episodes that have one or more admissions scheduled.
Reported when	Each time a new admission is scheduled for this episode.
Reporting guide	It is important to distinguish the scheduling of the admission from the scheduling of the procedure. ESIS collects the Scheduled Admission Date **not** the scheduled procedure date. Scheduled admissions are considered to be 'open' (or uncancelled) if a related Reason SAD Changed event does not exist. Set SAD events and Reason SAD Changed events are related to one another by a common SAD Identifier. There should only ever be one 'open' (uncancelled) admission scheduled for a given procedure at any point in time. If the patient is admitted as planned for the awaited procedure, the uncancelled Set SAD event must contain the actual Date of Admission. If a patient does not get admitted on a given Scheduled Admission Date, a Reason SAD Changed event must be reported (with the correct SAD Identifier).
Edits	**S287** Scheduled Admission Date Exceeded **S295** Removal Date Not Equal To Scheduled Admission Date **S392** Invalid Intra Episode Event Value For Set SAD Event **S400** Date Of Admission For Awaited Procedure Invalid **S417** Scheduled Admission Date Changed Without Reason For Change **S418** Reason For SAD Change Reported But no related SAD **S429** SAD Identifier/Event Type Mismatch
Related items	Section 2: Intra Episode Event; Hospital Initiated Postponement; Postponement Section 3a: Reason For Scheduled Admission Date Change; Reason for Removal; Removal Date Section 3b: Scheduled Admission Date Identifier; Event Date; Event Type

	Event Value	
	Section 4	Scheduling or Booking

Administration

Purpose	Used for analysis of admission scheduling patterns.			
Principal data users	Hospitals, Department of Health			
Collection start	July 1997	**Version**	1	(Effective 1 July 1997)
Destination source	Department of Health	**Code set source**	N/A	

Sex

Specification

Definition Sex is the biological distinction between male and female. Where there is an inconsistency between anatomical and chromosomal characteristics, sex is based on anatomical characteristics.

Label Sex

Field Size N/A

Layout **Valid values** Code from Sex code set

Reported in Patient extract

Reported for All patient level records

Reported when The patient is first registered on the waiting list for any episode.

Code	Descriptor
1	Male
2	Female
3	Indeterminate
4	Intersex

Reporting guide

Sex should be inferred or accepted as reported by the respondent, as at the time of registration. That is, it is usually unnecessary and may be inappropriate or even offensive to ask a person their sex. Sex may be inferred from other cues such as observation, relationship to respondent, or first name.

A person's sex may change during their lifetime as a result of procedures known alternatively as Sex change, Gender reassignment, Transsexual surgery, Transgender reassignment or Sexual reassignment. Throughout this process, which may be over a considerable period of time, sex could be recorded as either Male or Female.

Code 3 Indeterminate should be used for infants with ambiguous genitalia, where the biological sex, even following genetic testing, cannot be determined. Code 3 can only be assigned for infants aged less than 90 days.

The term 'intersex' refers to a person, who, because of a genetic condition was born with reproductive organs or sex chromosomes that are not exclusively male or female and who identifies as being neither male nor female.

Excludes:

Transgender, transsexual and chromosomally indeterminate individuals who identify with a particular sex (male or female).

Codes 3 Indeterminate and 4 Intersex should not generally be used on data collection forms completed by the respondent. They should only be used if the person or respondent volunteers that the person is intersex or where it otherwise becomes clear during the collection process that the individual is neither male nor female

Edits	**S091**	Sex Code Invalid
	S093	Unusual Sex Code Reported
	S411	Sex/Surgical Specialty Mismatch

Administration

Purpose	Used for demographic analyses of service utilisation.		
Principal data users	Department of Health		
Collection start	July 1997	**Version**	1 (Effective 1 July 1997) 2 (Effective 1 July 1999) 3 (Effective 1 July 2004)
Destination source	NHDD	**Code set source**	NHDD (Department of Health modified)

Source of Referral

Specification

Definition The source of the patient's referral to the waiting list.

Label Source_Of_Referral

Field Size N/A

Layout **Valid values** Code from Source Of Referral code set

Reported in Episode extract

Reported for All waiting list episodes.

Reported when The episode is first registered on the waiting list.

Code set

Code	Descriptor
1	Referred by private practitioner or private clinic.
2	Referred from waiting list at other ESIS campus/health service.
3	Referred by outpatient department at this campus/health service.
4	Referred by other department at this campus/health service.
5	Referred by other (not at this campus/health service).

Reporting guide

If reporting at the health service level, the term campus/health service means health service. If reporting at the campus level, the term campus/health service means campus.

1 Referred by private practitioner or private clinic

A private practitioner has referred the patient to the waiting list at this reporting health service from his/her private rooms or private clinic where the patient has been billed under Medicare for the consultation.

2 Referred from waiting list at other ESIS campus/health service

The reporting responsibility for the patient's waiting episode has been transferred from another ESIS reporting campus/health service.

When this code is reported in the Source of Referral field, the campus/health service code concatenated with the nine-character Episode Identifier for the referring campus/health service must be reported in the Previous Identifier Of Transferred Episode field.

Refer to: Section 4 Transfer of ownership of waiting episode.

Excludes:

Transfer of waiting episode from a non-ESIS reporting hospital (report code 5 Referred by other (not at this campus/health service).

Patients treated at this campus/health service under contract from another campus/health service. When a patient is treated under contract, that patient's waiting episode remains the reporting responsibility of the contracting campus/health service and not the campus/health service where the procedure is performed.

Reporting guide (Cont'd)

3 Referred by outpatient department at this campus/health service

Patient has been referred from an Outpatient Department at this campus/health service.

4 Referred by other department at this campus/health service

Patient has been referred from a department within this campus/health service excluding Outpatient Departments. This includes admitted patient wards and the Emergency Department.

5 Referred by other (not at this campus/health service)

Patient has been referred from a source other than those outlined in the codes above. This includes patients who have been referred directly to the waiting list by a public hospital that does not report to ESIS.

Excludes:

Patients referred from other hospitals who first attend the Outpatient Department at this campus/health service (report code 3 Referred by Outpatient Department at this campus/health service).

Edits

S193 Source of Referral Invalid.

S397 Unmatched Transfer As Reported By Receiving Health Service.

S414 Previous Identifier of Transferred Episode Invalid.

Related items

Section 3a Previous Identifier Of Transferred Episode

Section 4 Transfer Of Ownership Of Waiting Episode.

Administration

Purpose Used for analysis of referral patterns.

Principal data users Department of Health

Collection start July 1999

Version 1 (Effective 1 July 1999)

2 (Effective 1 July 2005)

Destination source Department of Health

Code set source Department of Health

Surgical Speciality

Specification

Definition The area of clinical expertise of the surgeon who will perform the elective surgery.

Label Surgical_Specialty

Field Size N/A

Layout **Valid values** Code from Surgical Specialty code set

Reported in Episode extract

Reported for All waiting list episodes.

Reported when The episode is first registered on the waiting list and can be updated at any time.

Code set

Code	Descriptor
01	Cardio-thoracic surgery
02	Ear, nose and throat surgery
03	General surgery
04	Gynaecology
05	Neurosurgery
06	Ophthalmology
07	Orthopaedic surgery
08	Plastic surgery
09	Urology
10	Vascular surgery
11	Other

Reporting guide

If there is no code that exactly matches the Surgical Specialty, record the code that is the best match.

Assign the best match Surgical Specialty even if the Principal Prescribed Procedure code assigned for this patient appears in Principal Prescribed Procedure reference data under a different specialty.

When a patient is placed on the waiting list for a number of procedures to be performed during the same episode (that might be performed by different surgeons), select the Surgical Specialty code that is appropriate for the PPP code assigned.

Changes to Surgical Specialty codes within a single episode

Changes to the Surgical Specialty within an episode of waiting are allowed in the following circumstances:

When a surgeon of a different specialty (indicated by the new Surgical Specialty code) will treat exactly the same condition in the patient as was intended when the patient was placed on the waiting list;

Reporting guide (Cont'd)	When a data input error has occurred, and a change to the Surgical Specialty code is simply a correction of that error. If the patient requires a new procedure (and therefore new Surgical Specialty) for treatment of a different condition, start a new waiting episode.
Edits	**S147** Surgical Specialty Invalid. **S387** Surgical Specialty Has Changed. **S411** Sex/Surgical Specialty Mismatch.
Related items	Section 3a Principal Prescribed Procedure Section 3b Episode Identifier.

Administration

Purpose	Used for analysis of waiting times by specialty.		
Principal data users	Department of Health, AIHW and the Commonwealth Department of Health and Aged Care.		
Collection start	July 1997	**Version**	1 (Effective 1 July 1997)
Definition source	National Health Data Committee	**Code set source**	NHDD

Treatment Campus

Specification

Definition

Where reporting is at the campus level, the Treatment Campus is the reporting campus in all cases.

Where reporting at the health service level, the Treatment Campus is the campus within the health service at which it is intended treatment will take place.

Label

Treatment_Campus

Field Size

N/A

Layout

Valid values Code from Treatment Campus code set

Reported in

Episode extract

Reported for

All waiting list episodes

Reported when

The waiting list episode is first registered.

Updated when a health service revises the intended/actual treatment campus during the waiting period.

Code set

Treatment Campus reference data is available from http://www.health.vic.gov.au/hdss/reffiles/index.htm

Reporting guide

Where the episode is not removed

For ESIS data reported at campus level report this campus code in Treatment Campus field.

For ESIS data reported at health service level report the ESIS campus at which the health service intends the patient to be admitted for the awaited procedure.

Where the episode is removed

and the Reason For Removal is:

W Admitted to the intended campus and has received the awaited procedure

M Admitted to the intended campus or (if reporting at health service level) any campus with the health service and has received the awaited procedure as an emergency admission

Y Procedure received at intended campus, not planned at admission (excludes emergency admission)

The treatment campus represents the actual campus at which the patient has undergone the awaited procedure.

For all other Reason For Removal codes, the Treatment Campus represents the campus it was intended the patient have the awaited procedure.

Edits

S370 Treatment Campus Invalid.

Related items

Section 2 Campus

Section 3a Reason for Removal.

Administration

Purpose	To allow hospitals to report at either the health service or campus level, depending on how their waiting list is managed.		
Principal data users	Department of Health		
Collection start	July 2002	**Version**	1 (Effective 01.07.2002) 2 (Effective 01.07.2005)
Destination source	Department of Health	**Code set source**	Department of Health